

**MERCED COUNTY**

The doctors of Merced met at the office of Dr. D. W. Zirker, who as last president of the Merced County Medical Society called a meeting for the reorganization of the society. All of the medical men of the county who were in war service have now returned and wanted to get the society on an active basis again, as it had lapsed into inactivity.

The former officers were re-elected to serve for the year 1920, with the exception of the secretary, Dr. H. Kylberg, who has moved to Merced Falls, and wished to be relieved on account of absence from the county seat and meeting place. Dr. Brett Davis was elected secretary.

The secretary was instructed to write to the secretary of the state society and find out the state dues, any changes in the by-laws or activities of the state society, and also if the state society had taken up the question of changing the fees for attending cases of industrial accident injuries making them more commensurate with present living conditions and wages paid the laborer and others.

The local fee schedule for medical and surgical attendance was discussed and modified to present conditions.

**SAN FRANCISCO COUNTY.****Society Meetings.**

Proceedings of the San Francisco County Medical Society.

During the month of December, 1919, the following meetings were held:

**Tuesday, December 2—Section on Medicine.**

Lane Hospital Clinical Evening.

Meeting held at the Hospital.

1. Demonstration of skin lesions treated with radium.—H. E. Alderson.
2. Demonstration of cases treated with radium.—Monica Donovan.
3. An operation for tuberculosis of the tarsus, tuberculosis of knee and hip.—L. W. Ely.
4. Some unusual myomata.—L. A. Emge.

**Tuesday, December 9—Annual Meeting.**

1. Address of President.
2. Reports of Secretary, Librarian and Committees.
3. Election of Officers, Board of Directors and Delegates.
4. New method of intra-abdominal diagnosis, illustrated.—W. C. Alvarez.
5. Encephalitis lethargica.—O. G. Freyermuth.
6. Paroxysmal tachycardia and other arrhythmias in one individual.—Harry Spiro.

**Tuesday, December 16—Section on Surgery.**

Election of Section Officers for 1920.

1. Lantern views of diverticula and sacculae of the urinary bladder, showing some rare pathological conditions associated with their progress.—Martin Molony.
2. The control of hemorrhage.—A. S. Keenan.
3. Surgical experiences in France. Illustrated.—Sterling Bunnell.

**STANISLAUS COUNTY.**

At the regular annual meeting of the Stanislaus County Medical Society, held in Modesto Dec. 12, the following officers were elected for 1920:

President, Dr. F. W. McKibbin, Oakdale; Vice-President, Dr. E. V. Falk, Modesto; Secretary and Treasurer, Dr. E. F. Reamer, Modesto; Censors—Dr. C. B. Benson, Riverbank, 1 year; Dr. A. M. Field, Patterson, 2 years; Dr. S. W. Cartwright, Modesto, 3 years.

A Fee Bill, covering largely the work of physicians outside of surgical work, was adopted. This is to be signed by the members of the County Society and others who will.

**YOLO COUNTY**

At the last meeting of this society the following officers were elected: President, Dr. M. B. Bransford; secretary treasurer, Dr. Charles H. Christal.

**Post-Graduate Schedule****COLLOQUIA SAN FRANCISCO HOSPITAL.****Surgery.**

- Feb. 5th—O'Connor, Rixford.  
 " 12th—Bunnell, Girard.  
 " 19th—Hartmann, Eloesser.  
 " 26th—Graham, Rixford.  
 Mar. 4th—O'Connor, Rixford.  
 " 11th—Ryfkogel, Girard.  
 " 18th—Hartmann, Eloesser.  
 " 25th—Graham, Rixford.

**Medicine.**

- Feb. 6th—Neurology.  
 " 13th—Pathology.  
 " 20th—General Medicine.  
 " 27th—Neurology.  
 Mar. 5th—General Medicine.  
 " 12th—Dermatology.  
 " 19th—Pathology.  
 " 26th—General Medicine.

**SAN FRANCISCO****Stanford University Medical School**

Lane Hall, Sacramento and Webster Sts., 8 p. m.

**POPULAR MEDICAL LECTURES 1920**

January 9, 1920—The cause and prevention of nervousness.—Dr. Julian Mast Wolfsohn.

January 23, 1920—The philosophy, cause and prevention of disease.—Dr. Walter V. Brem, Los Angeles.

February 6, 1920—The hospital and the public.—Dr. William Raymond Dorr, Superintendent of St. Luke's Hospital, San Francisco.

February 20, 1920—The out-patient clinic as a health center.—Dr. Alfred Cummings Reed.

March 5, 1920—The problem of the drug addict.—Dr. Robert Eugene Bering.

March 19, 1920—The health age.—Mr. Celestine Sullivan, Executive Secretary, League for the Conservation of Public Health.

**Notice**

The annual meeting of the Western Section of the American Laryngological, Rhinological and Otological Society will be held in Los Angeles on Saturday, Feb. 21, 1920, at the Friday Morning Club House, 940 South Figueroa Street.

**Hospital Service Department****THE MODEL COMMUNITY SERVICE HOSPITAL.**

By W. E. MUSGRAVE, M. D., San Francisco.

Perhaps the best "follow up" of the more or less general discussion started in these columns last month is to submit a skeleton outline of a Model Community Service Hospital.

In subsequent notes it will be advisable to discuss some of the "thousand and one" problems inherent in the operation of this or any other organization anywhere, as well as some of the special modifications necessary to adjust the model to meet special conditions in special communities, with their great variation in available assets, peculiarities and needs.

No claim is made that this is the only model, or even the best one under all conditions, but it is a good one that is admirably suited to form a basis for discussion of the fundamental problems that occur in any hospital organization and which must be solved before the institution can take its

place in the community as a public utility station, efficiently discharging a community service in health to the satisfaction of the public, the medical profession and the patients.

**Organization.**—A community service, non-profit-making corporation; capital stock \$....., stockholders to pay 5 per cent. semi-annual dividends on their stock. Failure to pay dividends for one year forfeits stock to the treasurer for re-issue. Stock transferable only on the books of the corporation by permission of the board of directors.

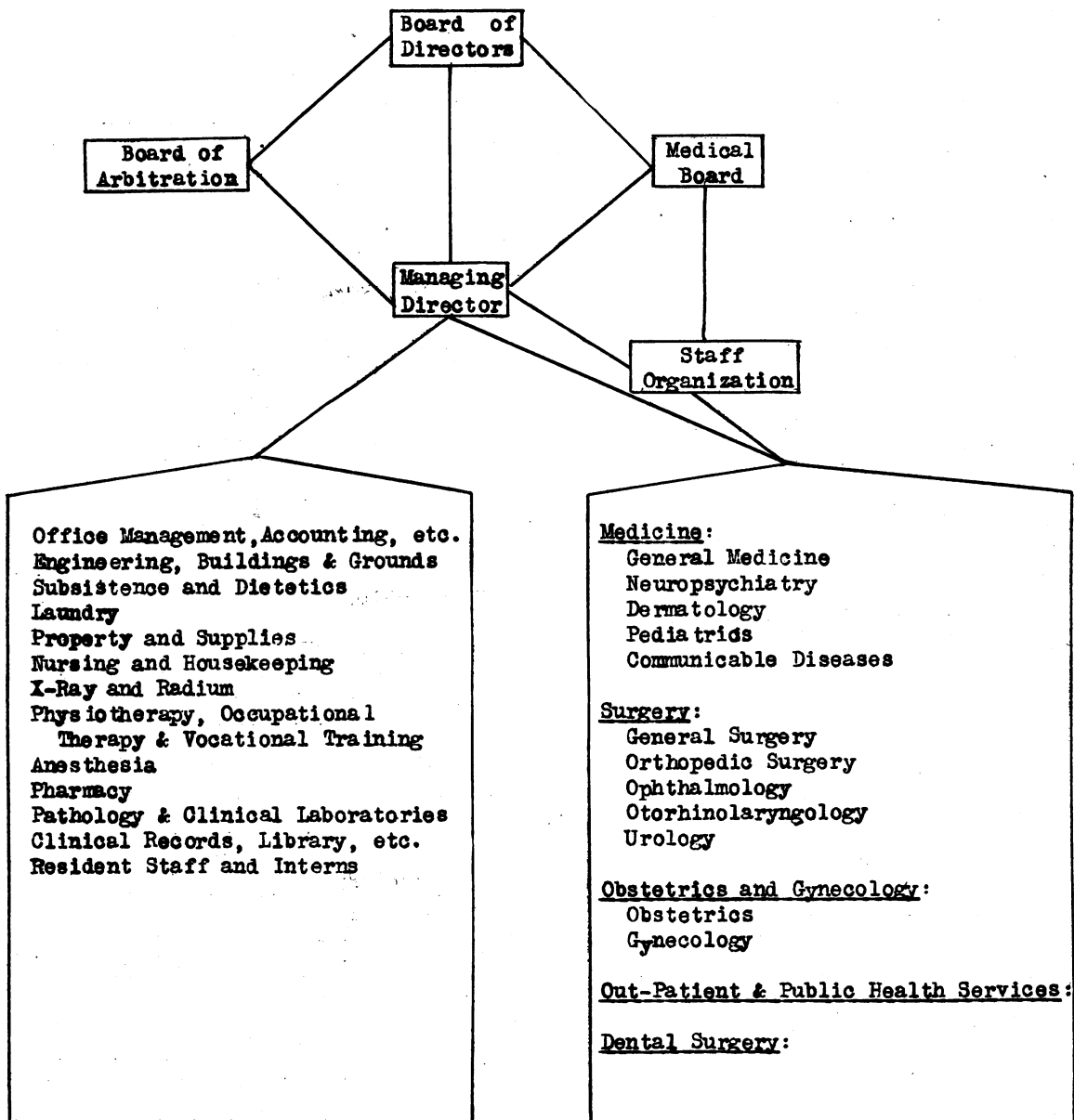
**Board of Directors.**—Stockholders shall elect, or re-elect, a board of seven directors annually. Board members shall be representative citizens holding

property and resident in the community. Physicians who are practicing their profession are not eligible. The board of directors shall have power in all matters pertaining to the hospital, similar to those powers exercised by boards of directors in the business world. They shall elect the usual officers and appoint the usual committees of such an organization and assign their duties. The managing director (see below) shall be a non-voting member of the board and its executive officer.

**Medical Board.**—The Council of the Medical Society, the chairman of the staff organization and the managing director ex-officio shall constitute the medical board. The medical board shall approve all appointments to the staff as to de-

### MODEL COMMUNITY SERVICE HOSPITAL

#### SCHEMATIC OUTLINE OF ORGANIZATION



sirability; it shall approve all policies and plans bearing particularly upon the professional work of the hospital. All interpretations of ethics shall be by this board. Matters purely medical, arising in any part of the hospital, which are of sufficient importance, may be referred to this board for consideration.

**Board of Arbitration.**—The Section for the Advancement of Medical Education and Science of the League for the Conservation of Public Health, the Medical Board of the University of California Medical School and Hospitals, a similar board of Stanford University, the Council of the State Medical Society or other competent, permanent and disinterested organization, as may be elected by the hospital directors, shall act as a board of arbitration in all matters pertaining to the hospital. Differences between the board of directors and the medical board, or between any two or more factions, over the solution of any matter, may be referred to the board of arbitration, whose opinion, after due investigation, shall be final and binding upon all parties.

**Staff Organization.**—There shall be a staff organization which shall consist of all members of the visiting staff. It shall have the usual officers elected by the staff. The executive committee shall consist of its president and secretary and the chairman of each active service.

**Staff Department Organization.**—Each active service or staff department shall have as many members as are elected. The members of each individual department or service, such as medicine, surgery, etc., shall elect its own chairman annually, or as vacancies occur. The chairman of each staff department shall during his tenure of office be the executive officer, responsible for the activities of his particular field of professional work.

**Staff Membership.**—Members of the staff shall be appointed, or reappointed, annually by the medical board as to qualifications and approved by the board of directors. The staff shall meet in stated meetings twice a month. Absence from any three consecutive meetings without explanation satisfactory to the staff, and noted in the minutes, automatically terminates the member's appointment. The staff shall have the usual officers and committees. Insofar as conditions will permit, the staff will be organized into departments and services as follows:

**Medicine**—Including general medicine; pediatrics; dermatology; neuropsychiatry; communicable diseases.

**Surgery**—Including general surgery; orthopedic surgery; ophthalmology; otorhinolaryngology; urology.

**Obstetrics and Gynecology**—Including obstetrics and gynecology.

**Out-Patient and Public Health**—Including such clinics; public health nursing and co-operative arrangements with other organizations as finances will allow and the needs of the community demand.

**Managing Director.**—The managing director (manager, superintendent or what not), shall be the executive officer of the hospital in all its activities and functions. He shall be a non-voting member of the board of directors, a non-voting member of the medical board and a non-voting member of the staff organization. He shall be, preferably, a physician, or if a medically trained man is not available, a layman, with experience sufficient to handle all complicated problems. He should be a full time officer, without the right to engage in private practice. He should have under his immediate direction the departments of:

1. Office management, accounting, etc.
2. Engineering, buildings and grounds.
3. Subsistence and dietetics.

4. Laundry.
5. Property and supplies.
6. Nursing and housekeeping.
7. X-Ray and radium.
8. Physiotherapy, including occupational therapy, vocational therapy and therapeutic shops.
9. Anesthesia.
10. Pharmacy.
11. Pathology and clinical laboratories.
12. Clinical records and library.
13. Resident staff and interns.

In addition, he shall exercise administrative functions in the professional staff departments outlined elsewhere. He shall regulate the employment and duties of all technical, semi-skilled and unskilled employees.

## Clinical Department

### Case Histories From the Children's Department University of California Medical School and Hospitals No. 2

AGE 11 YEARS. AMERICAN. MALE.

**Complaint**—Difficulty in breathing. Shooting pains over the heart.

**Family History**—Father living at the age of 59 years. Has multiple sclerosis.

Mother living at the age of 45 years, confined to bed with asthma, chronic bronchitis and exophthalmic goitre.

Two brothers living and well at the age of 17 and 15 respectively.

There is a history of rheumatism in the paternal family.

**Past History**—Full term, normal delivery, bottle fed infant, with normal development. Pneumonia at the age of 6. Measles at the age of 8, Varicella at the age of 9, mumps at the age of 10. Other than for an attack of moderately severe tonsillitis 8 months before entry, the remainder of the past history is negative.

**Present Illness**—The boy had always been strong and healthy until four weeks before entry, when he fell, injuring the right knee over the patella. An abscess formed and two weeks later was incised and drained, apparently healing well. Coincidentally, however, there developed malaise and listlessness. He had been up and about until four days before entry when fever and precordial pain were first noted. Two days later rapid heart action developed, and dyspnoea became pronounced.

There was no history of chorea or of rheumatism. There had been no urinary symptoms, the gastro-intestinal tract had apparently functioned properly, and there had been no superficial or deep local infections other than the abscess noted above.

He was sent into the hospital by a charitable organization on December 1st, with the diagnosis of pneumonia.

**Physical Examination**—T. 41°. P. 120. R. 78. B. P. (systolic 115). Diastolic 55.

Very well developed and nourished boy, extremely dyspnoeic, perfectly rational, complaining of sharp pains in the region of the left nipple. **Skin**, slightly "muddy," **cheeks** flushed, **sclerae** slightly injected. **Mucosae** fair color, slightly bluish. No herpes. **Eyes**, and eye muscles negative. **Nose**, slight, dried brownish discharge. **Breath** very foul, **Teeth** covered with sordes. **Tongue** coated. **Pharynx** injected. **Tonsils** moderate size, chronically infected, superficial lymph nodes, enlarged, discrete, painless.